

NAME:

ANNOUNCEMENT NO.

NOTE TO APPLICANTS: USE ADDITIONAL SHEET OF PLAN PAPER, IF NECESSARY WHEN MORE SPCE IS NEEDED TO COMPLETE FORMS.

- A. 1) a. Check in column III the experience you:possess from the type of experience listed in column I. For each type of experience, write the letters and number in columns III & IV as defined below which best describes your ability and the amount of supervision received. In column V, list where and dates experience acquired.

ABILITY LEVELS

- A. Have Training (no Practical experience)  
 B. Have limited experience  
 C. Have considerable experience  
 D. Considered an expert (called on to difficult jobs)  
 E. Have given on-the -job training  
 F. Other (teach, supervise, inspect, etc-specify)

SUPERVISION

- 1.Close Supervision  
 2.Moderate supervision (intermittent inspection)  
 3.Little supervision  
 4.No supervision

COLUMN I Type of Experience	COLUMN II "X" Experience you have. Show "none" if applicable	COLUMN III Ability Level Codes	COLUMN IV Supvn Rec'd	COLUMN V Where & Dates Experience Acquired
Unpacking of boxes/crates containing produce				
Unpacking of boxes/crates containing grocery				
Trimming & weighing of produce				
Marking prices				
Worked on produce displays				
Worked on grocery displays				
Stocking & maintaining shelves				
Worked with perishables (frozen Procuts dairy, etc)				
Determining saleability of merchandise				
Marking Special displays, space commodity groups, color				
Sorting of produce				
Inspecting for quality & quantity of produce				

- b. Check the types of documents/instructions you have prepared or worked with using the same instructions and code listing reflected above for item 1a.

Catalogues				
Stock listing				
Break-out vouchers				
Inventory reports				
List any other related documents/instructions				

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B. 1) If you possess experience in "making special display", describe the type of display you made and how you performed it.

2) List title, place and date of food handling and sanitation training courses you have successfully completed or given.

TITLE	PLACE	DATE	DESCRIPTION OF COURSE	COURSE COMPLETED (Yes or No)	CONDUCTED FORMAL TRAINING (Yes or No)

3) Describe what steps you take to maintain cleanliness of the job.

C). a Check the kinds of instruction(s) your've received/followed in your job and describe work performed.

b. Check type of education applicable to you.

(4) Other: Specify what kind, if certificate of completion or diploma received, and what field of study.

	<u>yes</u>	<u>no</u>
In the past 5 years have you had any accidents?		